

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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18						
19						
20						
21	1					
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25	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8	1	1	1	1	1

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												